

JAN 10 2007

IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

TO: MAIL STOP RCE - United States Patent and Trademark Office

EXAMINER KESHIA L. GIBSON

Fax No. 571-273-8300

Phone No.

FROM: Connie Baker (Typed or printed name of person signing Certificate)

Fax No. 513-634-3007

Phone No. 513-634-0567

Application No.: 10/674,670

Inventor(s): Ludwig Busam, et al.

Filed: September 30, 2003

Docket No.: CM2701Q

Confirmation No.: 5014

FACSIMILE TRANSMITTAL SHEET ANDCERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on January 10, 2007, to the above-identified facsimile number.

Connie Baker (Signature)

Listed below are the item(s) being submitted with this Certificate of Transmission:**

- 1) Request for Continued Examination (RCE)
- 2) Fee Transmittal
- 3) Reply w/ Filing of RCE (7 pages)
- 4)
- 5)

Number of Pages Including this Page: 10

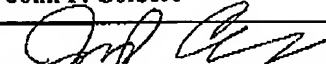
Comments:

**Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

FEE TRANSMITTAL for FY 2006 Patent fees are subject to annual revision. Effective December 8, 2004	Complete if Known	
	Application Number	10/674,670
	Confirmation Number	5014
	Filing Date	September 30, 2003
	First Named Inventor	Ludwig Busam
	Examiner Name	Keshia L. Gibson
TOTAL AMOUNT OF PAYMENT (\$) 790	Art Unit	3761
	Docket No.	CM2701Q

RECEIVED
CENTRAL FAX CENTER
JAN 10 2007

METHOD OF PAYMENT 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company	FEE CALCULATION (continued) 5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other: Request for Continued Examination</td> <td>(\$790) <input checked="" type="checkbox"/></td> </tr> </tbody> </table>	Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$450) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other: Request for Continued Examination	(\$790) <input checked="" type="checkbox"/>														
Fee Description		Fee Paid																																											
Extension for reply within 1 st month		(\$120) <input type="checkbox"/>																																											
Extension for reply within 2 nd month		(\$450) <input type="checkbox"/>																																											
Extension for reply within 3 rd month	(\$1,020) <input type="checkbox"/>																																												
Extension for reply within 4 th month	(\$1,590) <input type="checkbox"/>																																												
Extension for reply within 5 th month	(\$2,160) <input type="checkbox"/>																																												
Information Disclosure Statement fee	(\$180) <input type="checkbox"/>																																												
37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>																																												
37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>																																												
Non-English specification	(\$130) <input type="checkbox"/>																																												
Notice of Appeal	(\$500) <input type="checkbox"/>																																												
Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>																																												
Request for oral hearing	(\$1,000) <input type="checkbox"/>																																												
Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>																																												
Other: Request for Continued Examination	(\$790) <input checked="" type="checkbox"/>																																												
FEE CALCULATION 2. BASIC FILING FEE - Large Entity <table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nonprovisional (\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td></td> <td></td> </tr> <tr> <td>Utility</td> <td></td> <td></td> <td>(Total = \$1000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Design (\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$430)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reissue (\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1400)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td></td> <td>(Total = \$200)</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		FILING FEE	SEARCH FEE	EXAMINATION FEE	Fee Paid	Application Type					Nonprovisional (\$300)	(\$500)	(\$200)			Utility			(Total = \$1000)	<input type="checkbox"/>	Design (\$200)	(\$100)	(\$130)						(Total = \$430)	<input type="checkbox"/>	Reissue (\$300)	(\$500)	(\$600)						(Total = \$1400)	<input type="checkbox"/>	Provisional Utility filing fee			(Total = \$200)	<input type="checkbox"/>
	FILING FEE	SEARCH FEE	EXAMINATION FEE	Fee Paid																																									
Application Type																																													
Nonprovisional (\$300)	(\$500)	(\$200)																																											
Utility			(Total = \$1000)	<input type="checkbox"/>																																									
Design (\$200)	(\$100)	(\$130)																																											
			(Total = \$430)	<input type="checkbox"/>																																									
Reissue (\$300)	(\$500)	(\$600)																																											
			(Total = \$1400)	<input type="checkbox"/>																																									
Provisional Utility filing fee			(Total = \$200)	<input type="checkbox"/>																																									
3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) <input type="checkbox"/>																																													
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td>=</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$) <input type="checkbox"/>		Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>																													
	Extra Claims	Fee from Below	Fee Paid																																										
Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>																																										
Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	=	<input type="checkbox"/>																																										
Multiple Dependent claims:	<input type="checkbox"/>	=	<input type="checkbox"/>																																										

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John P. Colbert	Registration No. (Attorney/Agent)	45,765 Telephone (513) 634-0037
Signature		Date	January 10, 2007

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND PERS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.